Am I Herxing?

There was a point where I was convinced that my body's attempt to completely shut down was winning. My will to do what I love to do was losing. A friend, when hearing of my balance issues, suggested a few exercises for the inner ear, and also, for my sinuses to integrate Colloidal Silver. Desperate for something, I tried the exercises at the gym, and indeed felt something shift, and went to purchase some colloidal silver. I had an unusual reaction. I thought I must be imagining things. I found this article discovering silver kills bacteria. I then discovered - Lyme is a bacteria. After introducing colloidal silver, I felt like the scales tipped toward life, and things began to improve. Oddly enough, my abysmal sense of smell started to improve. http://www.scientificamerican.com/article/silver-makes-antibiotics-thousands-of-times-more-effective/

I have since tapered back on the colloidal silver and integrated other things.

WHAT IS A HERX?

I have since read numerous descriptions of herxing, as things came up, and I wanted to understand what was going on. In short, symptoms get worse, and new symptoms surface. In that I was in a place of, this can't really be happening to me, I went back to the definitions again and again, and sought out counsel from other people from Lyme about courses of action to take. Seeing a lyme literate doctor was a repeated suggestion, as was, it wouldn't hurt to begin to integrate herbs - so I began to research that, settling intuitive on the least costly and most accessible information - Stephen Buhner protocol - I went about it a bit wonky - just followed my intuition, wisdom of my body.

http://jemsekspecialty.com/the-herxheimer-reaction/

http://www.ncbi.nlm.nih.gov/pubmed/9610974

CATS CLAW

A friend had been bitten by a tick in Illinois. She developed a bulls eye rash. The Dr.'s told her it was impossible to develop Lyme. She went to a specialist in CT, who said, I am sure you have Lyme. She told him the tests were negative. He took a tissue sample and confirmed Lyme. She said given my symptoms, she would not rule out lyme. I had integrated the use of Cat's Claw right before this (January 31st) and knew I should continue experimenting with this. I had what I can only imagine was a herx reaction. It was really interesting to observe my puffy knees itching and getting hot. :

Kurt N Ransohoff, MD

Misa M Kelly

2/4/2016 9:04 AM PST

okay - another sleepless night - too much pain to sleep - THC and anti-inflammatories no support, sure could use support with pain management - guess I need to figure that out on my own:

right breast (felt like the shingles pain I had), knees, elbows, ears, chest, right abdomen, neck,

cramps in thigh, calf, etc. Only thing that helped was focusing on my breath and dissociating from

the pain. I'll cancel Monday's appointment because it seems like you need to see what he says first anyways.

In my journal I add some other descriptions of itching, was too pooped to journal well that day.

From:

Sent:

ANTI-BIOTIC - Sulfamethoxazole-TMP

For the bladder infection - had a herx reaction.

I went in for a post-procedure bladder infection that was brought on by the catheter. I was prescribed an anti-biotic and had a really strong reaction. So much so I called the 24/7 nurse and she advised contacting my GP, or going back to urgent care. The Dr. wasn't sure about the other symptoms and focused on the bladder infection. My kidneys were REALLy sore and I asked about kidney stones. He discussed the urine tests and I decided to go the more conservative route because I hate having tests I don't need. That evening I began to pass a blood clot, there was more blood in my urine, and also the strands of blood or tissue I was passing seemed to be more. I called the 24/7 nurse, and she told me I needed to be seen within the hour, and I went to the ER. The doctor was pretty sure I had kidney stones, and they gave me something really strong for pain, did a CT and discovered only a really gnarly bladder infection - no kidney infection, no kidney stones. I was curious about why the bladder infection was so intense, and if the anti-biotic might be causing a herx. I asked the urgent care Dr., what type of bacteria does this anti-biotic kill? He didn't answer the question, he just said, it isn't used to treat Lyme. If I have a question I want an answer to, for as long as I've known myself, if I can't get it from an expert, I track it down and figure it out myself.

Interesting - about cystitis and lyme - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1886652/

Wow - my answer to lyme bacteria and the anti-biotic http://www.anapsid.org/lyme/matthewgoss/drugs.html

Someone on the board I have gone to a few times information gathering indicated - yes, you are herxing. The new symptoms that surfaced was pain behind my eyeballs, and also, upper eyelids, and the headache that creeps and crawls and migrates seemed to be greatly accentuated.

http://www.healingwell.com/community/default.aspx?f=30&m=3590812&g=3590845#m3590845

Brand Name	Generic	Dose
Bactrim, Septra	Trimethoprim-sulfamethoxazole	Two 80mg/400mg tablets twice per day. (Because there are two drugs mixed the amount is listed with a /.)

Description: Taken with Mepron and Zithromax or Cleocin and Quinine.

It has a half life of 12 hours and that is why dosing is twice a day. Drink lots of water with this one to avoid kidney stones.

One study found that 89% of those that took Trimethoprim with one of the above combinations were cured of *Babesia* while many of those that did not include it relapsed.

WOW!

Paperback Book, 523 Pages, $29.95

Types of Antibiotic Drugs for Treating Other Tick-Borne Diseases

What follows are the antibiotic treatments I have found to be most effective for treating the co-infections—the tick-borne diseases often coexisting with Lyme infection.

Bartonella/BLO

There are two antibiotics that have been found to be most useful for treating Bartonella/BLO. My choice of these two antibiotics depends on two issues: (1) the extent to which the central nervous system (CNS) is affected and (2) the presence of co-infections other than Bartonella/BLO.

Levofloxacin (Levaquin)

This antibiotic is generally considered to be the antibiotic of choice for the treatment of Bartonella/BLO. Levaquin is a member of the family of antibiotics known as fluoroquinolones, which also includes ciprofloxacin (Cipro). All the fluoroquinolones seem to have activity against Bartonella/BLO, but Levaquin seems to be the most effective. The dosage is 250-500 mg once a day. It is best to take Levaquin on an empty stomach (or with minimal food if you need to eat something due to gastrointestinal side effects). Also, it is important not to take minerals like calcium, zinc, iron, and magnesium within several hours of the dose of Levaquin, because these minerals will bind Levaquin and render it less effective. I advise that patients take levofloxacin early in the morning, or it can be taken late in the evening, but not at bedtime. Except for the tetracycline antibiotic group, the fluoroquinolones are not generally used in combination with other antibiotics. Usually the course of treatment for Bartonella/BLO is one to three months, but occasionally it may take much longer.

Precautions: Levaquin is usually very well tolerated. The major adverse reaction that may occur with use of this

Precautions: Levaquin is usually very well tolerated. The major adverse reaction that may occur with use of this medication is tendonitis (inflammation of the tendons). This complication is not common, but when it occurs, the medication must be stopped for a few days to allow symptoms to resolve. It can then be restarted in a few days at a lower dose, but if the tendonitis recurs, the medication should be stopped. The mechanism for tendonitis is not clearly known, but magnesium deficiency may The play a role in some patients. For this reason, I recommend that Bartonella/BLO patients ideally take 600–1,000 mg of magnesium for two weeks before beginning Levaquin therapy. Once Levaquin is begun, the patient should continue the magnesium, being careful to take it three (or more) hours before or after the dose of Levaquin.

Rifampin

Rifampin is a very old antibiotic that for many years has been used for the treatment of chronic infections such as tuberculosis. It is very effective against Bartonella/BLO. In particular, it is very useful for the neurological and psychiatric manifestations of Bartonella/BLO—severe anxiety and mood swings, panic, seizure-like episodes, memory loss, "spaciness," confusion, disorientation episodes, and many other symptoms. Expect a herx-like reaction during the first week or so; then significant progress often occurs during the second or third week on rifampin.

It is best used in combination with certain other antibiotics. Frequently, those combinations include rifampin with doxycycline or rifampin with clarithromycin. The combination of rifampin with doxycycline is especially helpful when a patient with Bartonella/BLO is also infected with either Ehrlichia or Lyme. The dosage of rifampin is 300 mg per day for the first week; increase to 600 mg once a day after the first week. It is advisable to use rifampin in the evening (not at bedtime) on an empty stomach, three hours or more after a meal. It may be used in the morning an hour before breakfast also.

Rifabutin is a medication in the same family as rifampin and is reportedly very effective against Bartonella also. Apparently, it can be combined effectively with azithromycin. I do not have enough experience with its use to recommend it at this time.

Precautions: Rifampin is usually very well tolerated. It will always turn a patient's urine orange. It may cause headaches and sleepiness. Liver function and blood counts should be monitored at regular intervals while using rifampin. The greatest concern about rifampin is the potential for interactions with other medications. Rifampin speeds the metabolism of certain medications, resulting in an increased breakdown of the other medications. Clinically, this drug-interaction issue often becomes a problem when certain pain medications are being used, and often a patient will require higher doses of pain medications while on rifampin.

Babesia

This parasitic organism can live inside the body's red blood cells for four months or more. It usually requires a combination antibiotic treatment for a period of two to four months to effectively control the infection. The following two medications are used in combination with a macrolide for treating Babesia.

Atovaquone (Mepron)

Atovaquone may be used alone as in the product called Mepron or used in combination with proguanil as in the product called Malarone. Both preparations are effective against Babesia. Mepron is the most common form of atovaquone used against Babesia and is typically combined with azithromycin (Zithromax). Mepron is a liquid that looks similar to yellow paint and is taken as one to two teaspoons twice a day. It should always be taken with fatty food (such as nuts, cheese, or similar food), because it is much better absorbed by the body when it is ingested along with a fatty meal. Generally, I cycle Mepron's use as follows: three weeks on the medicine, and one week off. Azithromycin is continued for all four weeks.

Precautions: There are important precautions related to atovaquone. The first is that it can cause temporary liver damage, and for that reason, blood tests for liver function must be followed on a regular basis while using either of these medications. The second precaution concerns the use of supplement doses of coenzyme Q10, alpha lipoic acid, and vitamin E while on atovaquone. These should not be used while taking atovaquone because they are all fat-soluble antioxidants that tend to neutralize the pro-oxidant effects of atovaquone against Babesia.

Bactrim or Septra (trimethoprim/sulfamethoxazole)

Bactrim, Septra, TMP/SMX all refer to the same medication. Like rifampin, it is a very old medication that has been used for many years to treat a host of acute and chronic infections, including parasites. It is very effective, especially when combined with a macrolide such as clarithromycin or azithromycin. The usual dosage is one Bactrim DS twice a day. At times, four or more Bactrim per day may be used, depending on the clinical situation.

Precautions: The vast majority of patients using Bactrim have no problems at all. However, as with most antibiotics, it is important to follow routine blood work (complete blood count and liver function tests) on a regular basis. In addition, Bactrim may rarely cause a severe reaction called "Stevens-Johnson" syndrome which can be lethal if not addressed immediately. This serious reaction is usually characterized by fever, flu-like symptoms, mouth sores, and often a skin rash. My patients are instructed to stop Bactrim immediately if any fever or mouth and/or skin sores occur. The condition usually clears in the next 24 to 72 hours. However, if it worsens, the patient needs to seek emergency care.

Ehrlichia/Anaplasma

The key to effective treatment of these organisms is early suspicion and treatment for at least 28 days. The most useful antibiotics for treating Ehrlichia/Anaplasma are doxycycline (100–200 mg twice a day) or rifampin (600 mg once a day). In difficult or resistant cases, I have used a combination of both drugs with very good success.